

NW759579

BILL CYCLE

9/29/2016
INVOICE DUE DATE

201609

10/30/2016

BUYING TIME

INVOICE

AGENCY	AGENCY NO.	CUSTOMER	CUSTOMER NO.	
BUYING TIME	2369	Gregg for Indiana	22980	

ORDER NO.	MARKET	PRODUCT TYPE	COST	UNITS ORDERED	UNITS AIRED
NW467815	Chicago	TV	\$6,400.00	22	22

INVOICE NOTES

ssee key for net/zone info PRI: IP=5 NP=4 62329546

Gross Advertising Total \$6,400.00
Agency Commission (\$960.00)
Rep Commission (\$707.20)

Net Advertising Total \$4,732.80

Terms: Net 30 Days

Mail to: Comcast Spotlight

12964 Collections Center Drive

Chicago, IL 60693



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AFFIDAVIT

Comcast Order No: NW467815 Market: Chicago Estimate No: n/a TIM Est No: 1092246 Contract Type: Single

Campaign No: AE Name: WASHINGTON DC NCC -

Commercial Summary

Product:

Spot ID	Title	Zone	Networks	Spots	Cost
ND1757966		LAPORTE COUNTY/3235, NORTH LAKE INDIANA/2057, NW Indiana IN U-verse/4090, PORTER COUNTY/3234, RENSSELAER/6139, SOUTH LAKE INDIANA/0990	CSNC	22	\$6,400.00

Channel Summary

Network	Zone	Spot ID	Spots	Cost		
CSNC	LAPORTE COUNTY/3235	ND1757966	5	\$1,600.00		
CSNC	NORTH LAKE INDIANA/2057	ND1757966	5	\$1,600.00		
CSNC	NW Indiana IN U-verse/4090	ND1757966	1	\$300.00		
CSNC	PORTER COUNTY/3234	ND1757966	3	\$900.00		
CSNC	RENSSELAER/6139	ND1757966	5	\$1,100.00		
CSNC	SOUTH LAKE INDIANA/0990	ND1757966	3	\$900.00		

Date	Net	Zone/Syscode	Time	Spot Name	Program	Len	Line	Rate	Flag
9-6-16	CSNC	LAPORTE COUNTY/3235	9:31PM	JGIN160930H	Det Tigers@Chi White So	30	13	\$300.00	
9-6-16	CSNC	NORTH LAKE INDIANA/2057	7:03PM	JGIN160930H	Det Tigers@Chi White So	30	5	\$300.00	
9-6-16	CSNC	PORTER COUNTY/3234	9:31PM	JGIN160930H	Det Tigers@Chi White So	30	10	\$300.00	
9-6-16	CSNC	RENSSELAER/6139	7:03PM	JGIN160930H	Det Tigers@Chi White So	30	21	\$200.00	
9-6-16	CSNC	SOUTH LAKE INDIANA/0990	7:04PM	JGIN160930H	Det Tigers@Chi White So	30	2	\$300.00	
9-7-16	CSNC	LAPORTE COUNTY/3235	7:02PM	JGIN160930H	Chi Cubs@Mil Brewers	30	14	\$350.00	
9-7-16	CSNC	NORTH LAKE INDIANA/2057	7:03PM	JGIN160930H	Chi Cubs@Mil Brewers	30	6	\$350.00	
9-7-16	CSNC	RENSSELAER/6139	7:02PM	JGIN160930H	Chi Cubs@Mil Brewers	30	22	\$250.00	
9-9-16	CSNC	LAPORTE COUNTY/3235	7:03PM	JGIN160930H	KC Royals@Chi White Sox	30	15	\$300.00	
9-9-16	CSNC	NORTH LAKE INDIANA/2057	8:37PM	JGIN160930H	KC Royals@Chi White Sox	30	7	\$300.00	
9-9-16	CSNC	PORTER COUNTY/3234	8:36PM	JGIN160930H	KC Royals@Chi White Sox	30	11	\$300.00	
9-9-16	CSNC	RENSSELAER/6139	7:54PM	JGIN160930H	KC Royals@Chi White Sox	30	23	\$200.00	
9-9-16	CSNC	SOUTH LAKE INDIANA/0990	8:37PM	JGIN160930H	KC Royals@Chi White Sox	30	3	\$300.00	
9-10-16	CSNC	LAPORTE COUNTY/3235	7:35PM	JGIN160930H	KC Royals@Chi White Sox	30	12	\$300.00	
9-10-16	CSNC	NORTH LAKE INDIANA/2057	6:03PM	JGIN160930H	KC Royals@Chi White Sox	30	4	\$300.00	
9-10-16	CSNC	NW Indiana IN U-verse/4090	6:04PM	JGIN160930H	KC Royals@Chi White Sox	30	17	\$300.00	
9-10-16	CSNC	PORTER COUNTY/3234	7:35PM	JGIN160930H	KC Royals@Chi White Sox	30	9	\$300.00	
9-10-16	CSNC	RENSSELAER/6139	6:03PM	JGIN160930H	KC Royals@Chi White Sox	30	20	\$200.00	
9-10-16	CSNC	SOUTH LAKE INDIANA/0990	6:03PM	JGIN160930H	KC Royals@Chi White Sox	30	1	\$300.00	
9-12-16	CSNC	LAPORTE COUNTY/3235	8:59PM	JGIN160930H	Chi Cubs@STL Cardinals	30	16	\$350.00	
9-12-16	CSNC	NORTH LAKE INDIANA/2057	8:59PM	JGIN160930H	Chi Cubs@STL Cardinals	30	8	\$350.00	
9-12-16	CSNC	RENSSELAER/6139	7:41PM	JGIN160930H	Chi Cubs@STL Cardinals	30	24	\$250.00	

Date Net Zone/Syscode Time Spot Name Program Len Line Rate Flag

Order# NW467815 Total: \$6,400.00



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BILL TO

BUYING TIME

REMITTANCE

Note:

Please return this document with your payment

AGENCY	AGENCY NO.	CUSTOMER	CUSTOMER NO.
BUYING TIME	2369	Gregg for Indiana	22980

 Terms:
 Net 30 Days
 Phone:
 248-723-7582

 Mail to:
 Comcast Spotlight
 Fax:
 248-792-2682

12964 Collections Center Drive

Chicago, IL 60693

Special Note: For billing inquires: Cdspot_busops@comcast.com

Net Balance Due				\$4,732.80
We accept checks, m	oney orders, and all maj	or credit cards.		
To pay by credit card	, please check one box,	ill out the information	below, and fax to (248-792-2682).	
MasterCarc	□ VISA	PAME UDSON	DISCOVER NOTUS	
Card Number:				
Expiration Date:				
Signature: Print Name:				
Amount Paid:				